STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:	A. BUILDING 01		COMPLETED	
		155729	B. WING		09/14/2015	
				ET ADDRESS, CITY, STATE, ZIP CODE		
NAME OF PROVIDER OR SUPPLIER				11 WHITTERN RD		
ADAMS HERITAGE			NROEVILLE, IN 46773			
			IVIOIN	VICOLVILLE, IIV 40773		
(X4) ID		STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	`	NCY MUST BE PRECEDED BY FULL	PREFIX	CROSS-REFERENCED TO THE APPROPR	IATE COM ESTIGIT	
TAG	REGULATORY OI	R LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	DATE	
K 0000						
DI 1 04						
Bldg. 01			17,0000	Droporation and evacution of	f thin	
	1	ode Recertification and	K 0000	Preparation and execution or plan of correction	i uns	
		Survey was conducted by		does not constitute admissio	n or	
	the Indiana Stat	e Department of Health in		agreement by		
	accordance with	n 42 CFR 483.70(a).		provider to the truth of the fa	cts	
				alleged or the		
	Survey Date: 0	9/14/15		conclusions set forth in the		
				Statement of Deficiencies		
	Facility Number	r: 002549		rendered by the reviewing		
	Provider Number			agency. The Plan of Correction is prepared and		
	AIM Number: 200289420			executed solely because		
	AIM Number:	200289420		it is required by the provision	s of	
				federal and state law.		
	At this Life Safe	ety Code survey, Adams		adams-Heritage maintains th	nat	
	Heritage was fo	und not in compliance		the alleged		
	with Requireme	ents for Participation in		deficiencies do not individua	lly or	
	Medicare/Medic	caid, 42 CFR Subpart		collectively	the	
		Safety from Fire and the		jeopardize the health and/or safety of its residents	uie	
	` ' '	the National Fire		nor are they of such characte	er as	
		ciation (NFPA) 101, Life		to limit the		
		* * * * * * * * * * * * * * * * * * * *		provider's capacity to render		
	· ·	SC), Chapter 19, Existing		adequate resident care.		
		cupancies and 410 IAC		Furthermore, adams-Heritag	e	
	16.2.			asserts that it is in		
				substantial compliance with regulations governing the		
	This one story f	acility was determined to		operation of long term care		
	be of Type V (1	11) construction and was		facilities, and this Plan of		
	fully sprinklered	d. The facility has a fire		Correction in its entirety		
	, , <u>,</u>	ith smoke detection in the		constitutes this provider's		
	_	open to corridor and hard		allegation of compliance and	,	
		tectors in the resident		thereby, we request		
				resurvey to verify such as of September 21, 2015.		
		cility has a capacity of 61		September 21, 2015.		
		s of 51 at the time of this		Further, we request desk		
	survey.			review (paper compliance)		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/22/2015 FORM APPROVED OMB NO. 0938-0391

	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155729		<u>01</u>	COMPLETED 09/14/2015		
NAME OF PROVIDER OR SUPPLIER ADAMS HERITAGE (X4) ID SUMMARY STATEMENT OF DEFICIENCIES			STREET ADDRESS, CITY, STATE, ZIP CODE 12011 WHITTERN RD MONROEVILLE, IN 46773			
(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	DATE		
customary access Areas providing were not sprinkle shed used for sto equipment, parts Another detached of maintenance s	s were sprinklered. facility services which ered were a detached rage of maintenance and the facility's bus. I shed used for storage upplies.		for compliance, if acceptable Completion dates are provided procedural processing purposes to comp with federal and state regulations, and correlate with most recent contemplated accomplished corrective action. These do not necessarily chronologic correspond to the date that Adams Heritage is under the opinion that it was in compliance with the requirements of participation or that corrective action was necessary.	d for ly the		
Smoke barriers are least a one half ho accordance with 8 terminate at an atr protected by fire-raglass panels and sof two separate coon each floor. Danduct penetrations of ducted heating, veconditioning system 19.1.6.3, 19.1.6.4 Based on observations facility failed to a smoke barriers we provide a one half rating. LSC 8.3.3.	e constructed to provide at ur fire resistance rating in .3. Smoke barriers may imm wall. Windows are ated glazing or by wired ateel frames. A minimum impartments are provided apers are not required in of smoke barriers in fully intilating, and air ins. 19.3.7.3, 19.3.7.5, ation and interview, the ensure 1 of 1 ceiling are maintained to af hour fire resistance 2 requires smoke barriers	K 0025	K025 1. What corrective action will be accomplished for thou residents found to have been affected by this alleged deficient practice? Mechanic rooms and fire alarm panel rooms are always locked. Both all	se 1 cal om		
	All areas where to customary access. Areas providing a were not sprinkle shed used for storequipment, parts. Another detached of maintenance so Quality Review of DA. NFPA 101 LIFE SAFETY COI Smoke barriers are least a one half ho accordance with 8 terminate at an atriprotected by fire-raglass panels and so of two separate co on each floor. Dand duct penetrations of ducted heating, veconditioning system 19.1.6.3, 19.1.6.4 Based on observations and the service of th	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) All areas where the residents have customary access were sprinklered. Areas providing facility services which were not sprinklered were a detached shed used for storage of maintenance equipment, parts and the facility's bus. Another detached shed used for storage of maintenance supplies. Quality Review completed 09/15/15 - DA NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5,	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) All areas where the residents have customary access were sprinklered. Areas providing facility services which were not sprinklered were a detached shed used for storage of maintenance equipment, parts and the facility's bus. Another detached shed used for storage of maintenance supplies. Quality Review completed 09/15/15 - DA NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 Based on observation and interview, the facility failed to ensure 1 of 1 ceiling smoke barriers were maintained to provide a one half hour fire resistance rating. LSC 8.3.2 requires smoke barriers shall be continuous from an outside wall	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) All areas where the residents have customary access were sprinklered. Areas providing facility services which were not sprinklered were a detached shed used for storage of maintenance equipment, parts and the facility's bus. Another detached shed used for storage of maintenance supplies. Quality Review completed 09/15/15 - DA NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an attium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 Based on observation and interview, the facility failed to ensure 1 of 1 ceiling smoke barriers were maintained to provide a one half hour fire resistance rating in LSC 8.3.2 requires smoke barriers shall be continuous from an outside wall		

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Event ID:

GOLY21

Facility ID: 002549

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	NT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155729	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 01	(X3) DATE SURVEY COMPLETED 09/14/2015	
	NAME OF PROVIDER OR SUPPLIER ADAMS HERITAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 12011 WHITTERN RD MONROEVILLE, IN 46773		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE	
	could affect all residents in 5 of 5 smoke compartments.		other residents having the potential to be affected by the same deficient practice will be	<u>oe</u>	
	Findings include:		identified and what corrective action(s) will be taken? None identified. Mechanical rooms	and	
	Based on observations during a tour of the facility with Environmental Services Supervisor on 09/14/15 between 9:45		fire alarm panel room are alwallocked. Penetrations will be sealed by September 25, 2015 What measures will be put in	5. <u>3.</u>	
	a.m. and 11:30 a.m., the following ceiling smoke barrier had unsealed penetrations or penetrations sealed with an un-rated		place or what systemic changes will be made to ensure that the deficient practice does not recur?		
	material: a) In the ceiling of the mechanical room on Prairie Pass there were 3 penetrations		Monthly environmental rounds are performed to make sure a penetration are identified and		
	around wires and conduits filled with a white caulk.		sealed correctly. <u>4. How the</u> <u>corrective action(s) will be</u> <u>monitored to ensure the</u>		
	b) In the ceiling of the mechanical room in the dining room there were 3 penetrations around wires and conduits		deficient practice will not recur? Continue Monthly environmental rounds will be		
	filled with a white caulk. c) In the ceiling of the mechanical room in Heritage Hall there were 2 penetrations		preformed to make sure penetration are identified and sealed correctly with fire rated caulking. 5. By what date the		
	around wires and conduits filled with a white caulk.		systemic changes will be completed? September 25, 20		
	d) In the ceiling of the mechanical room on Timber Trail there were 3 penetrations around wires and conduits filled with a				
	white caulk. e) In the ceiling of the fire alarm panel room there were 2 unsealed penetrations				
	around wires and conduits measuring half of an inch in size. Based on interview at the time of				
	observation, the Maintenance Director				

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/22/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		l í		NSTRUCTION	(X3) DATE S		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			A. BUILDING <u>01</u> B. WING			COMPLETED	
		155729	B. W.			09/14/	2015
NAME OF PROVIDER OR SUPPLIER					ADDRESS, CITY, STATE, ZIP CODE		
ADAMS HERITAGE					WHITTERN RD DEVILLE, IN 46773		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES			ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	ſΕ	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCI)		DATE
	acknowledged an	*					
		f the penetrations. Also,					
	the Maintenance Director did not know if						
		vas an approved material					
		the documentation to					
		met the requirements					
	•	h penetration fire stop					
	systems.						
	3.1-19(b)						
	3.1-19(0)						
K 0029	NFPA 101						'
SS=E	LIFE SAFETY CO						
Bldg. 01		d construction (with ¾					
		ors) or an approved nguishing system in					
		.4.1 and/or 19.3.5.4					
		s areas. When the					
		ic fire extinguishing					
	system option is u	sed, the areas are ner spaces by smoke					
	-	and doors. Doors are					
		on-rated or field-applied					
		nat do not exceed 48					
	inches from the bottom of the door are						
	permitted. 19.3.	ation and interview, the	$ _{K0}$	029	K029 <u>1. What corrective action</u>	on	09/25/2015
	facility failed to			02)	will be accomplished for those		07/23/2013
	•	such as a boiler room,		residents found to have been		<u>) </u>	
		tive. This deficient			affected by this alleged		
		fect 35 residents in 2 of			deficient practice? The main Mechanical room and Kitchen		
	5 smoke compar				Mechanical room are always		
	5 smoke compan	unonto.			locked. All Penetrations and		
	Findings include				unsealed gap will be sealed by	′	
	i manigo merade				September 25, 2015. 2. How other residents having the		
	Based on observa	ation during a tour of the			potential to be affected by th	<u>e</u>	

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Event ID:

GOLY21

Facility ID: 002549

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155729 A. BUILDING B. WING O1 COMPLETED 09/14/2015 STREET ADDRESS, CITY, STATE, ZIP CODE 12011 WHITTERN RD MONROEVILLE, IN 46773 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Facility with the Environmental Services Supervisor on 09/14/15 between 9:45 a.m. and 11:30 a.m., the fowling hazardous areas had unsealed penetrations or penetrations sealed with an un-rated material: 1) In the kitchen mechanical room, which contained a hot water heater, there was a ball inch wavealed a prevaled a prevaled to receive the place or what systemic changes will be made to	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
NAME OF PROVIDER OR SUPPLIER ADAMS HERITAGE (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) facility with the Environmental Services Supervisor on 09/14/15 between 9:45 a.m. and 11:30 a.m., the fowling hazardous areas had unsealed penetrations or penetrations sealed with an un-rated material: 1) In the kitchen mechanical room, which contained a hot water heater, there was a STREET ADDRESS, CITY, STATE, ZIP CODE 12011 WHITTERN RD MONROEVILLE, IN 46773 ID PROVIDERS PLAN OF CORRECTION (CACH CORRECTION GEACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLETION DATE STREET ADDRESS, CITY, STATE, ZIP CODE 12011 WHITTERN RD MONROEVILLE, IN 46773 (X5) COMPLETION DATE Same deficient practice will be identified and what corrective action(s) will be taken? None identified. Mechanical room and fire alarm panel room are always locked. Penetrations will be sealed by September 25, 2015. 3. What measures will be put into place or what systemic changes will be made to	AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING <u>01</u>		COMPLETED		
ADAMS HERITAGE (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) facility with the Environmental Services Supervisor on 09/14/15 between 9:45 a.m. and 11:30 a.m., the fowling hazardous areas had unsealed penetrations or penetrations sealed with an un-rated material: 1) In the kitchen mechanical room, which contained a hot water heater, there was a 12011 WHITTERN RD MONROEVILLE, IN 46773 (X5) PREFIX (EACH CORRECTIVA ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Same deficient practice will be identified and what corrective action(s) will be taken? None identified. Mechanical rooms and fire alarm panel room are always locked. Penetrations will be sealed by September 25, 2015. 3. What measures will be put into place or what systemic changes will be made to			155729	B. W	ING		09/14/2	2015
ADAMS HERITAGE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) facility with the Environmental Services Supervisor on 09/14/15 between 9:45 a.m. and 11:30 a.m., the fowling hazardous areas had unsealed penetrations or penetrations sealed with an un-rated material: 1) In the kitchen mechanical room, which contained a hot water heater, there was a 12011 WHITTERN RD MONROEVILLE, IN 46773 ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE Same deficient practice will be identified and what corrective action(s) will be taken? None identified. Mechanical rooms and fire alarm panel room are always locked. Penetrations will be sealed by September 25, 2015. 3. What measures will be put into place or what systemic changes will be made to	NAME OF BROWDER OF CURRY IFR				STREET A	ADDRESS, CITY, STATE, ZIP CODE		
(X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) facility with the Environmental Services Supervisor on 09/14/15 between 9:45 a.m. and 11:30 a.m., the fowling hazardous areas had unsealed penetrations or penetrations sealed with an un-rated material: 1) In the kitchen mechanical room, which contained a hot water heater, there was a ID PROVIDERS PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY) TAG PROVIDERS PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY) TAG PROVIDERS PLAN OF CORRECTION (CACH CORRECTION SHOULD BE (CACH CORRECTIVE ACTION SHOULD BE (CACH CACH CACH CACH CACH CACH CACH CAC	NAIME OF PROVIDER OR SUPPLIER				12011 V	WHITTERN RD		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) facility with the Environmental Services Supervisor on 09/14/15 between 9:45 a.m. and 11:30 a.m., the fowling hazardous areas had unsealed penetrations or penetrations sealed with an un-rated material: 1) In the kitchen mechanical room, which contained a hot water heater, there was a COMPLETION PREFIX TAG Same deficient practice will be identified and what corrective action(s) will be taken? None identified. Mechanical rooms and fire alarm panel room are always locked. Penetrations will be sealed by September 25, 2015. 3. What measures will be put into place or what systemic changes will be made to		_				DEVILLE, IN 46773		
facility with the Environmental Services Supervisor on 09/14/15 between 9:45 a.m. and 11:30 a.m., the fowling hazardous areas had unsealed penetrations or penetrations sealed with an un-rated material: 1) In the kitchen mechanical room, which contained a hot water heater, there was a CROSS-REFERENCED TO THE APPROPRIATE DATE Same deficient practice will be identified and what corrective action(s) will be taken? None identified. Mechanical rooms and fire alarm panel room are always locked. Penetrations will be sealed by September 25, 2015. 3. What measures will be put into place or what systemic changes will be made to						PROVIDER'S PLAN OF CORRECTION		
facility with the Environmental Services Supervisor on 09/14/15 between 9:45 a.m. and 11:30 a.m., the fowling hazardous areas had unsealed penetrations or penetrations sealed with an un-rated material: 1) In the kitchen mechanical room, which contained a hot water heater, there was a same deficient practice will be identified and what corrective action(s) will be taken? None identified. Mechanical rooms and fire alarm panel room are always locked. Penetrations will be sealed by September 25, 2015. 3. What measures will be put into place or what systemic changes will be made to		`				CROSS-REFERENCED TO THE APPROPRIA	,TE	
Supervisor on 09/14/15 between 9:45 a.m. and 11:30 a.m., the fowling hazardous areas had unsealed penetrations or penetrations sealed with an un-rated material: 1) In the kitchen mechanical room, which contained a hot water heater, there was a identified and what corrective action(s) will be taken? None identified. Mechanical rooms and fire alarm panel room are always locked. Penetrations will be sealed by September 25, 2015. 3. What measures will be put into place or what systemic changes will be made to	TAG			+	TAG	·	ho	DATE
a.m. and 11:30 a.m., the fowling hazardous areas had unsealed penetrations or penetrations sealed with an un-rated material: 1) In the kitchen mechanical room, which contained a hot water heater, there was a action(s) will be taken? None identified. Mechanical rooms and fire alarm panel room are always locked. Penetrations will be sealed by September 25, 2015. 3. What measures will be put into place or what systemic changes will be made to		_						
a.m. and 11:30 a.m., the fowling hazardous areas had unsealed penetrations or penetrations sealed with an un-rated material: 1) In the kitchen mechanical room, which contained a hot water heater, there was a identified. Mechanical rooms and fire alarm panel room are always locked. Penetrations will be sealed by September 25, 2015. 3. What measures will be put into place or what systemic changes will be made to		*						
penetrations or penetrations sealed with an un-rated material: 1) In the kitchen mechanical room, which contained a hot water heater, there was a locked. Penetrations will be sealed by September 25, 2015. 3. What measures will be put into place or what systemic changes will be made to			_					
an un-rated material: 1) In the kitchen mechanical room, which contained a hot water heater, there was a sealed by September 25, 2015. 3. What measures will be put into place or what systemic changes will be made to							ays	
1) In the kitchen mechanical room, which contained a hot water heater, there was a What measures will be put into place or what systemic changes will be made to								
contained a hot water heater, there was a place or what systemic changes will be made to								
contained a hot water heater, there was a <u>changes will be made to</u>		1) In the kitchen	mechanical room, which				<u>110</u>	
		contained a hot	water heater, there was a					
half inch unsealed gap around a heating <u>ensure that the deficient</u>		half inch unseale	ed gap around a heating			ensure that the deficient		
duct. practice does not recur?		duct. 2) In the kitchen mechanical room, which						
2) In the kitchen mechanical room, which						_		
contained a hot water heater, there were are performed to make sure all penetration are identified and		contained a hot	water heater, there were			I	111	
		two penetrations sealed with a white				■ **		
caulk.								
3) In the main mechanical room, which			nechanical room which			monitored to ensure the		
deficient practice will not		· ·	·					
ten penetration sealed with a green caulk. recur? Continue Monthly environmental rounds will be								
4) In the main mechanical room, which preformed to make sure		-	-					
contained a hot water heater, there were penetration are identified and		· ·	·			■ **		
two presented moneytrations measuring two						sealed correctly with fire rated		
two unsealed penetrations measuring two caulking. 5. By what date the		_	_				<u> </u>	
inches through conduit which contained systemic changes will be contained		1	conduit which contained					
wires. Reced on interview at the time of 2015			and the time of					
Based on interview at the time of						2010		
observation, the Environmental Services		-						
Supervisor acknowledged and provided		•	• •					
the measurements of the penetrations.			_					
Also, the Maintenance Director did not		1						
know if the white or green caulk was an			_					
approved material and did not have the		approved materi	al and did not have the					
documentation to show if the foam met		documentation t	o show if the foam met					
the requirements for use in through		the requirements	s for use in through					
penetration fire stop systems.		_	_					
		-	- •					
3.1-19(b)		3.1-19(b)						

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155729		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION <u>01</u>	(X3) DATE SURVEY COMPLETED 09/14/2015	
NAME OF PROVIDER OR SUPPLIER ADAMS HERITAGE		12011	ADDRESS, CITY, STATE, ZIP CODE WHITTERN RD OEVILLE, IN 46773		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
K 0062 SS=B Bldg. 01	continuously main condition and are periodically. 19 NFPA 25, 9.7.5 Based on observ facility failed to for 1 of 2 sprink Hall mechanical NFPA 25, 1998 Inspection, Testi Water-Based Fir Section 2-2.1.2 s obstructions to s corrected. NFPA Standard for the Systems, Section sprinklers shall be minimize obstructional sprinklers consumed and the systems of the systems. Section sprinklers shall be minimized obstructional sprinklers additional sprinklers defined in 5-8.5. additional sprinklers using Findings included Based on observe with the Environe	ic sprinkler systems are stained in reliable operating inspected and tested .7.6, 4.6.12, NFPA 13, ation and interview, the ensure the spray pattern ler heads in the Heritage room was unobstructed. Edition Standard for the ing, and Maintenance of the Protection Systems, states unacceptable pray patterns shall be A 13, 1999 Edition Installation of Sprinkler in 5-8.5.1.1 states the located so as to ections to discharge as 2 and 5-8.5.3, or salers shall be provided to coverage of the hazard. Factice can affect up to 35 Heritage Hall.	K 0062	K062 1. What corrective active will be accomplished for the residents found to have been affected by this alleged deficient practice? Shambau & Sons, Inc will correct the sprinkler head from touching the insulated water line. A pendar for the sprinkler was ordered. How other residents having a potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? None identified. 3. What measures be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? Monthly environmental rounds are performed to make sure a sprinklers have minimize obstructions to discharge, 4. How the corrective action(s) will be monitored to ensure a deficient practice will not recur? Monthly environmental rounds are performed to make sure all sprinklers have minimic obstructions to discharge, 5. what date the systemic changes will be completed?	se n ugh he nt 2. the be will ade sthe all e ize

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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	IT OF DEFICIENCIES OF CORRECTION	XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155729	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 01	(X3) DATE COMPI 09/14	LETED
NAME OF PROVIDER OR SUPPLIER ADAMS HERITAGE			12011	ADDRESS, CITY, STATE, ZIP CODE WHITTERN RD OEVILLE, IN 46773		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ATE	(X5) COMPLETION DATE
	Heritage Hall mechanical room was touching an insulated water line in such a way the spray pattern of the sprinkler head would not provide adequate coverage of the room. Based on interview at the time of observation, it was acknowledged by the Environmental Services Supervisor that the sprinkler head was up against a pipe and would obstruct the spray pattern of the sprinkler. 3.1-19(b)			October 2, 2015		

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

GOLY21

Facility ID: 002549

If continuation sheet

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